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ABSTRACT

The manual describes the Maryland State Department of Education's responsibility and legal authority for administering the nonpublic school tuition assistance program for handicapped students. Procedures are addressed for such general areas as nonpublic institutions and child placement approval authority, nonpublic placement eligibility criteria, and nonpublic school application forms. Implications for an individual education program are considered, and procedures involved in making application for tuition assistance are described. Legal references and sample forms are included throughout the document. Among forms appended are those for the following areas: individualized education programs (services, present levels of performance, goals/objectives), previous placement summaries, program cost, individualized residential treatment plans, verifications/assurances, and application review. (CL)

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POLICY AND PROCEDURES MANUAL

NONPUBLIC SCHOOL TUITION ASSISTANCE PROGRAM

December 1, 1978

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I.
INTRODUCTION

The Nonpublic Tuition Assistance Program is designed to provide financial aid for those relatively few handicapped children needing Level V and VI services for whom it is not possible to establish an instructional program through a State-operated program or a local education agency (LEA).

Since the inception of the program in 1967, it has expanded rapidly. In the first year, there were 32 cases representing a total program cost of $107,979. For fiscal year 1978, there were 1,458 approved private placements at a tuition cost of $8,326,790.

Although the number of placements in nonpublic schools has decreased since 1976, the cost of the program continues to rise. Local education agencies, in the past two years, have accelerated development of special education programs and have increasingly been returning students to the public school programs. The public school systems throughout the State are to be commended for their diligent efforts to provide programs for the handicapped children of Maryland.

At the same time, we must continue to develop, expand and refine our instate public programs and support good nonpublic services to return children successfully to instate education programs. The Department's recent efforts to require LEA's to pay careful attention to all nonpublic school placement requests is most clearly seen in the area of out-of-state residential placements. The Department has stepped up its efforts to identify less restrictive alternative programs for children and, in cooperation with most LEA's, has returned approximately 270 children to Maryland programs over the past two years.

The efforts to return children from out-of-state to Maryland and/or day programs from residential institutions is reflected in alterations to the Tuition Assistance Application procedures that will be used for the 1979-80 school year. This continuing commitment is exemplified in the Individualized Residential Treatment Plan (IRTP).

We anticipate that with a refinement of application requirements, the development of local special education and related services, and the application of good education principles on behalf of each child, Maryland school systems will more than meet their duty and responsibility to children and the expectations of their parents.

This manual provides a description of the Maryland State Department of Education's responsibility and legal authority for administering the nonpublic school tuition assistance program. It is a source guide for local education agencies, other State or private agencies, and parents to help explain the purpose of the program and facilitate proper application for the enrollment of handicapped children into nonpublic special education programs for which tuition reimbursement is requested.

Further, the manual provides a description of the Maryland State Department of Education's policy regarding nonpublic schools for the handicapped and their delivery of appropriate special education and related services to Maryland handicapped children, as well as eligibility criteria for the placement of children into nonpublic schools.

In some instances, certain portions of Bylaw 13.04.01, Programs for Handicapped Children, have been included in the manual in a form designed to assist the reader. For this reason, it is recommended that, for legal or technical references, you refer to

the appropriate codified statute or Bylaw.

Questions not addressed in this manual should be directed to the local education agency director/supervisor of special education or the Division of Special Education at the Maryland State Department of Education.

II.
DEPARTMENTAL RESPONSIBILITIES

Under authority granted to the State Department of Education, in accordance with the requirements of Education Article, Section 8-403 of the Annotated Code of Maryland, the State Board of Education promulgated bylaws for the administration of the nonpublic school tuition assistance program. The Special Education Bylaw 13.04.01 specifies the standards by which a child's placement into a nonpublic special education school program may be approved for tuition assistance by the State Department of Education.

The State Department of Education maintains ultimate authority to determine the nonpublic institution into which a child's placement may be approved; to approve the placement of a child into the program offered by that nonpublic institution; to approve the cost of the program; and to establish and authorize the allowable amount of payment or reimbursement.

The State Department of Education, local education agencies and other State and local agencies have the collective responsibility to administer placements of handicapped children into such programs in accordance with the bylaws and procedural requirements.

III.
POLICY STATEMENT

Nonpublic school programs are recognized as service options for children for whom public school systems or State-operated facilities are unable to provide appropriate special education services. The tuition assistance program utilizes public funds to support the tuition reimbursement of children in approved nonpublic Level V and VI programs.

The Maryland State Department of Education encourages and, indeed, requires that local education agencies either singly or cooperatively with other public agencies provide special education and/or related services for handicapped children in the least restrictive environment available. Only to the extent that appropriate services are unavailable in the public school program or in State-operated programs should the placement of a child in a nonpublic special education program be sought.

The Maryland State Department of Education has implemented safeguards that guarantee that the child placed in a nonpublic school is afforded all rights and protections of laws and bylaws offered children attending public school special education programs.

In exercising its responsibility and authority, the State Department of Education adheres to the following principles:

1. Handicapped children are to be provided free and appropriate special education and related services based on their assessed needs.
2. Local education agencies have the primary responsibility for providing appropriate special education services for handicapped children.

3. Handicapped children shall be educated in appropriate programs based on assessed needs in the least restrictive environment available and as close to their homes as possible.

4. Handicapped children shall be educated to the fullest extent possible with their nonhandicapped peers in a public school program with provisions for supplementary aides and services.

5. Handicapped children considered for placement into either day or residential nonpublic special education programs by local education agencies, or by the courts of Maryland, shall be offered due process protection as required in appropriate federal laws and State statutues, as well as in bylaws and procedures promulgated by the Maryland State Board of Education.

The Department views residential placement as a special education service alternative of greatest restriction. When residential placement is considered, the utmost care must be exercised to assure that the child's rights are guarded; therefore, residential placement will be considered only after valid assessment data, with the individual educational program and supplementary data supporting such a restrictive environment.

IV.
PROCEDURES*

A. General

1. Nonpublic Institutions and Child Placement Approval Authority

The approval of the placement of handicapped children in programs offered by approved nonpublic institutions is governed by Education Article, Section 8-403 of the Annotated Code of Maryland and the requirements of Bylaw 13.04.01, Code of Bylaws of the State Board of Education.

a. Program Placement Approval - Bylaw 13.04.01.06F(2)(a). A handicapped child may be considered for placement in a nonpublic special education program when:

(1) it is shown that an appropriate program of special education and related services for the child is not available in the local education agency or available free of charge in an appropriate State-operated program.

(2) the services which are unavailable in the local school systems are provided as part of a special education program in an approved nonpublic institution.

(3) a determination that the necessary program is not available shall take into account all free special education services provided by other local or State agencies, or both, providing services are within commuting distance from the child's place of residence.

*This section is designed in conformance to Bylaw 13.04.01.06F(5), Code of Bylaws, State Board of Education.

b. Additional special conditions which may affect placement approval include instances when:

(1) it has been determined by the local Admission, Review and Dismissal Committee and the State Department of Education on the basis of verified evidence that a child should not attend the appropriate local public school system's special education program because of the condition of the child's home circumstances. In that case, the State Department of Education may upon the request of the responsible local education agency approve the placement of a youngster into an alternate special education program in cooperation with the child's family and the appropriate State or local agency responsible for the child's care. The State Department of Education may authorize the reimbursement of the cost of the education program up to the amount equivalent to the cost of the school program that he/she would have attended while living at home. (Bylaw 13.04.01.06F(2)(e))

(2) there is verification through appropriate documentation that a child is placed in an approved nonpublic educational institution by court order. (Education Article, Section 8-409 of the Annotated Code of Maryland)

2. Nonpublic Placement Eligibility Criteria - Bylaw 13.04.01.06F(3)

The following are the criteria governing nonpublic eligibility placement:

a. The child is determined by State approved local education agencies' procedures to be a handicapped child who is eligible for Level V or Level VI services.

b. The special education and related services required to provide an appropriate program for the child are not available in the responsible local education agency or State and local agencies, or both, singly or in combination.

c. The child is being recommended for placement into a nonpublic special education program that is appropriate to his/her verified educational needs and is in the least restrictive appropriate setting.

3. Special Rules Applicable to Certain Nonpublic Placements - Bylaw 13.04.01.06.F(4)

a. The following special rules apply to the approval of the placement of a child in a nonpublic program which meets both of these requirements:

(1) the cost of the program shall not require a contribution from the State in addition to that specified under Education Article, Section 8-409 of the Annotated Code of Maryland.

(2) the program is located in or within daily commuting distance of the child's place of residence.

b. Notwithstanding other provisions of Bylaw 13.04.01.06F, local education agencies shall work cooperatively with nonpublic schools providing programs meeting the requirements of Section ...06F(4)(6) of the Bylaw:

(1) "A local education agency may approve the placement of a handicapped child in a nonpublic facility that provides an appropriate program of special education services as defined in Bylaw 13.04.01.02C for the child and meets the requirements of Subsection (a)."

(2) "The State Department of Education will approve such a placement approved by the local education agency unless the State Department of Education identifies and approves a different placement (which the State Department of Education may require the local education agency to establish) upon the basis of a determination by the State Department of Education that the different placement will provide the child an appropriate education, that is less costly and provided in a less restrictive environment."

c. A child who has been or is approved by the State Department of Education for a nonpublic placement meeting the requirements of Subsection (a) of Bylaw 13.04.01.06F(4) for the 1978-79 school year will continue to be approved for the same placement from year to year thereafter, as long as the nonpublic program continues to meet the requirements of Subsection (a), unless and until the local education agency or the State Department of Education identifies and approves a different placement (which the State Department of Education may require the local education agency to establish) upon the basis of a determination that the different placement will provide the child with an appropriate education that is less costly and provided in a less restrictive environment.

4. Nonpublic School Application Form

The Maryland State Department of Education has developed an application form which is in essence a complete system of needs assessment, Individual Education Program development and a least restrictive environment reporting mechanism. Details of this form are discussed further under Tuition Assistance Program Application, Section D, Number 2, page 14.

A copy of the form and attachments is included in the Appendix section of this manual.

5. Deadline for Submission

   a. Nonpublic school placements which are being considered for July, August and September of any given year must be submitted to the Maryland State Department of Education on or before April 15. Applications must be properly completed on forms designed by the State Department of Education for the administration of the Tuition Assistance Program. The Department will render decisions for these applications by June 1.

   b. All other placement considerations to nonpublic schools must be submitted to the Maryland State Department of Education at least 20 days before the proposed enrollment date.

B. Verification of a Handicapping Condition and Evaluation Requirements

1. The local education agency must complete an educational assessment that fully meets the criteria of Bylaw 13.04.01.05C. Also, the assessment must take into account the full effect of special education and related services to the child as part of his/her current placement. The assessment may not have been completed more than one year prior to its referral to the State Department of Education as part of the tuition assistance application. The assessment shall be a result of an appropriate range of generally recognized evaluative tests and/or observations.

2. At least one of the following evaluations/assessments shall be provided in addition to the aforementioned education assessment:

a. An assessment of cognitive factors shall include one or more of the following: psychological, speech or language, or both, as appropriate and shall be administered by a professional certified in the speciality area by the State Department of Education.

b. An assessment of emotional factors shall include one or more of the following: a psychiatric evaluation by a licensed psychiatrist, an evaluation by a certified or licensed psychologist, or a school psychologist certified by the Maryland State Department of Education.

c. An assessment of physical factors shall include one or more of the following as appropriate: medical, ophthalmological, audiological, neurological. Reports shall be prepared by individuals licensed in the respective specialit / areas.

3. Each assessment/evaluation shall include:

a. A description of behaviors which establish the existence of a handicapping condition.

b. A statement which describes, in terms of special education services needed, the child's performance as it varies from developmental milestones and/or general education objectives, as appropriate.

c. A statement of criteria used to establish the variation of the child's behaviors from those of nonhandicapped age mates which establishes the eligibility for special education services, and the criteria used to make determinations required by C(2) (a), (b), and (c).

d. The signature, qualification and agency of affiliation of the evaluator and the date of the test/observation must be provided.

4. If the child was enrolled in a special education program in the previous year, or any part of the year for which a nonpublic school placement is sought, a review of the child's Individual Education Program should be included as part of the assessment documentation. The review should discuss the child's achievement of the Individual Education Program's objectives and goals. This requirement must be incorporated in the educational assessment described in Item B. 1 above.

C. Individual Education Program

1. The Individual Education Program is a written comprehensive outline for total special education services. The goals, objectives, activities and materials shall be adapted to the needs, interests and abilities of each student.
2. The Individual Education Program shall be developed in a meeting by the representative(s) of the local education agency as designated by the Admission, Review and Dismissal Committee, the parents or guardians, the child's teacher(s), the student, when appropriate and when feasible, all other persons directly responsible for the implementation of the Individual Education Program.
3. The Individual Education Program shall be developed prior to special education program placement; it shall be approved by the Admission, Review and Dismissal Committee and signed by the parents or guardians.
4. The Individual Education Program (Section B, C, D and E of the Tuition Assistance Program Application) for each child must include:
   a. A statement of the child's present levels of educational performance.
   b. A statement of annual goals and short-term instructional objectives.

c. A statement of the specific special education and related services to be provided to the child and the extent to which the child will be able to participate in general educational programs.

d. The projected dates for initiation of services and the anticipated duration of the services.

e. Appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether the short-term instructional objectives are being achieved.

5. Each local education agency's Admission, Review and Dismissal Committee shall provide for a review of the progress of each child who is receiving special education services. Such review of each child's progress shall be completed within 60 school days after the initial placement.

6. If such review by the Admission, Review and Dismissal Committee suggests that the initial placement was inappropriate and/or that different services would now benefit the child, reassignment or alteration in service shall be made as appropriate. The written consent of parents or guardians must be secured in accordance with procedures for obtaining written permission for placement and for reporting such placement to the Maryland State Department of Education. Any significant change in program or placement must be preceded by Maryland State Department of Education approval.

D. Tuition Assistance Program Application

1. Rationale

a. The Tuition Assistance Program Application was developed to provide the State Department of Education with a complete picture

of the child's assessed present levels of functioning and educational needs for the period covered by the application so that sufficient decision making information will be available.

b. A summary of the child's previous placements and other educational placements considered and the reasons for not placing the child in those programs is also required. It is only after review of a properly completed application that the State Department of Education can reach an appropriate decision regarding the requested placement.

2. Directions for Completing Nonpublic School Tuition Assistance Applications

a. The application for the Tuition Assistance Program is comprised of Sections A through F of the folder and Attachments 1 through 5. Sections A through F are compulsory, and Attachments 1, 3 and 5 are also required. Attachment 2 must be completed if a residential placement is sought. Attachment 4 is optional.

b. The following directions should be read carefully before completing the tuition assistance application. Appendix 1 includes a copy of the application folder and attachments for your review.

Section A: Pupil Data

Section A - PUPIL DATA

Name _____ Date Submitted _____

County of Residence _____ DOB _____
Federal Census Code _____ Age _____
Race Code _____ Sex _____
School Placement _____ New _____ Day _____
Requested _____ Renewal _____ Res. _____
Enrollment Date _____ to _____
Legal Responsibility: (circle)

Parent, Guardian, Surrogate

Name _____
Address _____

_____ zip code

Telephone _____
(Home) (Work)

LEA Representative _____

Telephone Number _____

Federal Census Code

01	Mentally Retarded-Intellectually Limited
02	Hard of Hearing
03	Deaf
04	Speech and Language Impaired
05	Visually Handicapped
06	Emotionally Impaired
07	Orthopedically Impaired
08	Other Health Impaired
09	Specific Learning Disabilities
10	Multi-Handicapped
12	Deaf/Blind

Race Code

1. American Indian or Alaskan Native
2. Asian
3. Black/Negro
4. White
5. Hispanic

Explanation: This section is basically self-explanatory. For completion of the federal census code information, the code must be used; the same is true for race information.

Section B: Individual Education Program, Services

INDIVIDUAL EDUCATION PROGRAM
Section B - SERVICES

Col. 1 Services		Col. 2 Service Provider	Col. 3 Pupil/Tchr. Ratio	Col. 4 Hrs./Wk.	Col. 5 Coded Evaluation References
Teacher (Primary)					
Teacher (Sub. Area)					
Physical Educ.					
Orient. & Mobility					
Music					
Skills/Home Econ.					
Ind. Arts/Voc. Ed.					
Occu. Therapy					
Psychological Svcs					
Social Work					
Speech Therapy					
Physical Therapy					
Audiology					
Guidance					
Voc. Rehab.					
Recreation					
Residential					
Trans. (on camp)					
Medical					
Public School Participation					

Service Provider Code

1. Certified Elem. Teacher
2. Certified Second. Teacher
3. Certified Spec. Educ. Teacher
4. O & M Instructor
5. Distributive Educ. Teacher
6. Industrial Arts Teacher
7. Licensed Physical Therapist
8. Certified Occup. Therapist
9. Certified Psychologist
10. Social Worker - ACSW
11. Speech Therapist
12. Audiologist
13. Certified Guidance Counselor
14. Child Care Worker
15. State Licensed Medical Doctor
16. Other (Specify)

Pupil Teacher Ratio Code

B. 1:4
C. 1:6
D. 1:7
E. 1:9
F. 1:10
G. 1:13
H. 1:15

A - with an Aide

Explanation: Column 1 of this section should be checked for each service that is necessary for a student to receive an appropriate special education program. This information should correspond to the financial data included in Attachment 1 and 1a. Column 2 describes the qualifications of the individual required to provide the service; the Service Provider code must be used. Column 3 is a description of the pupil/teacher ratio. The code must be used; place a capital "A" in this column if an aide is also provided. Column 4 is to indicate the hours per week a service is provided - if less than 1 hour per week, use .25 for each 15-minute interval. Column 5 is the reference by number from Section C (Present Level of Performance) of the evaluation(s) which verify the recommended service.

Section C: Individual Education Program, Present Levels of Performance

INDIVIDUAL EDUCATION PROGRAM
Section C - PRESENT LEVELS OF PERFORMANCE

NAME _____
Last First

(Test Information and/or Observational Data)

Name of test(s)	Date Administered	Summary of Results	Name of Examiner, Qualification, Affiliation
Example: WISC-R	5/76	V.___P.___F.S.___Strengths, Weaknesses, Possible Recommendations	Jane Doe, Certified School Psychologist Name of County
1.			
2.			
3.			
4.			
5.			
6.			

(If additional tests were used, please attach summary.)

Explanation: This section is to be used to report the tests, observations, and reports that were utilized to verify an impairment that requires special education, the specific services to be offered, and the level of special education intervention.

The assessment must be adequately summarized, and the report must accompany the application. An example is provided in the first row of this section.

Section D: Strengths/Needs/Achievements

Section D - STRENGTHS/NEEDS/ACHIEVEMENTS
(Based on Assessments)

Strengths Needs

Academic Achievement - Reading Grade Level_____ Arithmetic Grade Level_____ Language Skills - Age Level_____

Motor Skills - Age Level_____

Explanation: This section is to summarize comprehensively the evaluations or reports included in Section C in terms of a child's strengths, needs and achievements. The academic achievement part is self-explanatory; the language skills should include oral language (expressive and receptive).

Section E: Individual Education Program, Goals/Objectives

Section E - INDIVIDUAL EDUCATION PROGRAM
(Goals/Objectives)

1. A Statement of Annual Goals Including Short-Term Objective	2. Criteria for Mastery	3. Teaching Strategies and/or Techniques	4. Services Needed to Accomplish Goal	5. Duration of Services	
				Start	End

My signature verifies involvement in the development and my approval of my child's Individual Education Program.

Date _____ Parent/Guardian Signature _____

Explanation: "Annual Goals Including Short-Term Objectives" must be written in behavioral terms. The goals and objectives should be directed toward returning the child to a less restrictive environment. "Criteria for Mastery" may include criteria such as test to be used, number of successful responses, amount of time for a specific behavior to be continued, etc. "Teaching Strategies" can include small group instruction, individual testing, behavior modification (conditioning, reverse chaining, chaining, overcorrection, extinction, shaping, etc.), crisis intervention, group therapy, etc. "Techniques" may include programmed instruction textbook, workbook, experimentation, etc. "Services Needed" may include assessment of disabilities, medical services for diagnostic and evaluation purposes, classroom instruction, vocational education, physical education, recreation, speech pathology and audiology, psychological services, physical and occupational therapy, counseling services, school health services, social work services and parent counseling and training. "Duration of Services" is self-explanatory.

This section must be signed and dated by the child's parent(s) or guardian(s).

Section F: Previous Placement Summary, Placement Options Considered

Section F - PREVIOUS PLACEMENT SUMMARY
(Include services attempted and frequency)

Date(s)*	Placement	Services and Frequency (hr./wk.)	Reason for Termination
(example) 2/73-6/73	Furnace Elem. Self Cont.	Instruction (40/wk.) Rev. Ed. (1.50 wk.) Speech (2/wk.) Counseling (1/wk)	Age no longer appropriate
1.			
2.			
3.			
4.			

*Begin with most recent placement.

Placement Options Considered (Cite specific program)

Placement Considered	Reason(s) for rejections
1.	
2.	
3.	
4.	

Explanation: The first section is self-explanatory. It should be completed thoroughly and carefully starting with the most recent education placement.

The second portion, "Placement Options Considered," is to be completed to reflect all the specific program(s) or placement options considered by the Admission, Review and Dismissal Committee. Name any alternate schools or services specifically, i.e. P.S. #301.

Attachment 1: Program Cost Sheet

SEE INSTRUCTIONS ON THE BACK — ATTACHMENT 1

PROGRAM COST SHEET

I. Child's Name _____ Student Enrollment Date: _____
Age: _____ Handicap Code: 01,02,03,04,05,06,07,08,09,10,11,12

II. Nonpublic School: Name _____ Contact Person: _____
Address _____ Phone _____
Program: Day/Residential Length of School Year: 09,10,11,12 mos.
School Opening Date: _____ School Closing Date: _____
Total No. of days from opening to closing date _____ days

III. The following services are requested in order that the above-named child might achieve the objectives specified on the educational profile portion of the IEP.

	(1) Services Requested	(2) Available in LEA	(3) Nonpublic Costs	TOTAL
Educational Services				
Classroom Instruction	_____	_____	_____	
Physical Education	_____	_____	_____	
Educational Diagnosis	_____	_____	_____	
Vocational Education	_____	_____	_____	
Language Development	_____	_____	_____	
EDUCATION SUBTOTAL . . . . . (a)				
Related Services				
Occupational Therapy	_____	_____	_____	
Physical Therapy	_____	_____	_____	
Speech Therapy	_____	_____	_____	
Psychological Services	_____	_____	_____	
Guidance Couns. (Social Case Work)	_____	_____	_____	
Audiology	_____	_____	_____	
THERAPIES SUBTOTAL . . . . . (b)				_____
On-Campus Transportation	_____	_____	_____	
Indirect Service Related to School Program	_____	_____	_____	
Room	_____	_____	_____	
Food Service (Preparation Only)	_____	_____	_____	
SUBTOTAL FOR ROOM, FOOD, ETC. . . . . (c)				_____
TOTAL COST OF PART III (a + b + c) . . .				_____

IV Noneducational Costs

A. Medical Costs:
- Psychiatric _____
- Basic Medical _____
- Other Medical _____

MEDICAL SUBTOTAL . . . (d) _____

B. Other:
- Food (Raw Food Cost Only) _____
- Miscellaneous _____

OTHER SUBTOTAL . . . . . (e) _____

TOTAL COST OF PART IV (d + e) . . . _____

TOTAL NONPUBLIC PROGRAM COST (III + IV) $ _____

V. Contributors to the total cost program: LEA, MSDE, DHMH, DSS, DJS, Insurance, Military, Family, Scholarship, Other _____

VI. I HEREBY CERTIFY THE ABOVE SPECIAL EDUCATION SERVICES WILL BE PROVIDED THE ABOVE-NAMED CHILD AT THE COST INDICATED IN PARTS III AND IV ABOVE.

SIGNED: _____ DATE _____
Director, Nonpublic School

Explanation: This attachment has five parts. Each part must be completed as fully and accurately as possible. Information provided relating to cost for special education, educational services, therapeutic treatments and other items must be consistent with the child's Individual Education Plan and assessment data.

The directions for completing this form are on its reverse side. The form should be completed cooperatively, that is, the local education agency Special Education Director and the Director of the nonpublic school to which the youngster is being referred.

Attachment 1a: Contribution Cost Summary

ATTACHMENT 1a

CONTRIBUTION COST SUMMARY

VI. Contributions to Costs:*

SOURCE	AMOUNT
Education	
Social Services	
IEP/E-MRA	
IEP/E-JIA	
IEP/E-OHA	
DVR	
Insurance	
Military	
Family	
Scholarship	
Other: Specify	
TOTAL	

CHILD'S NAME: _____

LEA _____

*The total of Part VI must equal the Total Nonpublic Program Cost of Part III and IV in Attachment 1.

Explanation: This section is to be completed by the local education agency. The total must be consistent with information provided in Attachment 1, Parts III and IV.

Attachment 2: Individualized Residential Treatment Plan

INDIVIDUALIZED RESIDENTIAL TREATMENT PLAN

Maryland State Bylaw 13.04.01.06B(1)(f) identifies Level VI services as " ,appropriate for the student who has been identified through the educational assessment as having a handicap...and who requires 24 hours special education programming and personal care." Accordingly, before approval of a Level VI placement may be made, the need for such service must be verified in specific terms and an individualized residential treatment plan must be developed and submitted as part of the nonpublic tuition assistance application.

SECTION I: Present Levels of Performance (Please be as specific as possible and relate verification to the need for residential placement.)

Name of Test or Other Method Used to Identify Need	Date Administered	Name & Qualifications of Examiner	Summary of Results	Specific Problems or Behaviors Identified

SECTION II: Program Goals and Objectives (for the residential portion only)

Statement of Annual Goal(s) Relating to Need(s)	Specific Objective to Achieve Each Goal	Criteria for Mastering Each Objective	Services Needed to Achieve Goals and Objectives	Frequency of Each Service	Duration of Each Service: Start	Duration of Each Service: End

Please attach all documents, reports or tests that were utilized by your A.R.D. Committee to develop this Individualized Residencial Treatment Plan. (SEE REVERSE SIDE)

SECTION III: Least Restrictive Opportunity Plan (Please describe the nature and frequency of the child's experiences that are planned with nonhandicapped children as part of his/her placement in the requested residential program.)

Nature of Experience	Frequency	Overall Percentage of Time

If additional space is needed for Section I, II or III, please duplicate the forms and continue as necessary.

Sections I, II and III Completed By: _____ (Signature) _____ (Date) _____ (Position)

Explanation: Attachment 2 is mandatory if a residential placement is being recommended by the local education agency. The attachment has three (3) sections: I. Present Levels of Performance, II. Program Goals and Objectives, and III. Least Restrictive Opportunity Plan. Section I is self-explanatory. It follows the same general procedures for completion that Section C of the application folder requires. Section II is self-explanatory. The procedures for completion are similar to those applicable to Section D of the application folder. Section III is self-explanatory. The "Nature of Experience" subpart must include a description of specific activities which are designed to meet the requirements of least restrictive environment. Activities should be goal oriented and consistent with the child's social and emotional development. Activities can include partial mainstreaming into public school programs, family visits, work study, etc.

This attachment must be signed and dated by the individual completing the information.

Attachment 3: Verification/Assurances

ATTACHMENT 3

A. Admission, Review and Dismissal (ARD) Data (Indicate other agency participant(s)

Date of Review:_____ Date of Approval:_____

Chairperson:_____ Position:_____

Other Members:_____ Position:_____

_____ Position:_____

_____ Position:_____

_____ Position:_____

I hereby certify that the foregoing education achievement profile was approved by the above mentioned ARD Committee and that the following nonpublic educational placement is necessary to meet his/her special education needs:

A._____ I hereby certify that a day program placement in an approved nonpublic institution is required to appropriately meet this child's special educational needs.

B._____ I hereby certify that an approved residential program is required to appropriately meet this child's special educational needs.

Signed:_____
Chairperson, ARD Committee

Date:_____

B. Local Education Agency

I hereby certify that there is no special educational program in this local school system which provides the services specified in the Individualized Education Program (Section E of Application) for _____.
Name of Child

Date_____ _____
Signature
LEA Special Education Supervisor/Director

Date_____ _____
Signature
LEA Superintendent of Schools

Explanation: Section A is self-explanatory. The Admission, Review and Dismissal Committee meeting and date of approval, as well as names and positions of Committee members must be included. The signature of the Committee Chairperson must also be offered.

Section B is self-explanatory. Completion of this section by signature(s) does not limit the State Department of Education from naming special education program(s) or related services it believes to be appropriate within the local education agency.

Attachment 3a: Verifications/Assurances (continued)

ATTACHMENT 3a

C. Appropriate Community Agency

This community agency has reviewed the Individualized Education Program for _____. I hereby certify that this community agency cannot provide the ancillary services needed to support the local school system special education program for the above named child.

Date_____ _____
Signature (Agency Director or Designee)

_____
Agency

Date_____ _____
Signature (Agency Director or Designee)

_____
Agency

D. State-operated Institution Child's Name_____

This is to certify that the program and services available in this institution cannot be provided for the above named child for the following reasons:

1. Space _____

_____

2. Lack of sufficient service _____

_____

3. Inappropriateness of referral _____

_____

4. Other _____

_____

Date _____ _____
Signature

_____
Title

_____
State-operated Institution

Explanation: Section C is a requirement to be completed by the appropriate authorized representative of the public agencies who are members of the ARD Committee. This must include a Health Department and Social Services Department representative.

Section D is a requirement when a residential placement is requested, and a State-operated program is not available.

Attachment 3b: Verifications/Assurances (continued)

ATTACHMENT 3b

E.1. Parent, Guardian or Surrogate

I hereby certify that I have reviewed the request for nonpublic tuition assistance including all attachments and related documents as prepared by the local school system, and hereby agree to its submission to the Maryland State Department of Education.

Date: _____ _____
Signature

_____
Relationship to Child

E.2. In the event the requested placement is denied, I hereby grant permission to the Maryland State Department of Education to forward the application for tuition assistance and supporting documentation to alternate nonpublic placements at the discretion of the Maryland State Department of Education. I understand that I will be notified by mail of all nonpublic schools with which these records have been shared.

Date: _____ _____
Signature

_____
Relationship to Child

F. Medical Services Assistance (Optional)

To the extent of my eligibility, I hereby request the Maryland State Department of Education to assist me in securing financial aid for medical services through the Department of Health and Mental Hygiene.

Date: _____ _____
Signature

_____
Relationship to Child

G. Medical Services Assistance (Verification)

I hereby certify that I have reviewed the request including the records for medical services as part of _____ and hereby concur with the description of the child's needs and the medical services requested.

Date: _____ _____
Signature

Explanation: Sections E.1. and E.2. must be completed as directed.

Section F is necessary only if the medical services recommended by the Admission, Review and Dismissal Committee are a part of the child's educational placement. This is a service which the State Department of Education provides on a funds-available basis and should not be construed as a mandatory part of the Department's responsibility.

Section G must be verified by record, and the Health Officer or his/her designee must validate the diagnosis and need for requested medical service(s) by completing this part of Attachment 3b.

Attachment 4: Alternate Special Education Program Application

ATTACHMENT 4

APPLICATION FOR APPROVAL OF PLACEMENT IN AN
ALTERNATE SPECIAL EDUCATION PROGRAM

Completion of this form is only required to meet the provision of 13.04.01.067(2)(e) and is in lieu of Attachment 2 of the Tuition Assistance Program Application.

13.04.01.067 (2)(e)

"When it has been determined by the local ARD Committee and the State Department of Education on the basis of verified evidence that a child should not attend the appropriate local public school system special education program because of the condition of the child's home circumstances, the State Department of Education may upon the request of the responsible local education agency approve the placement of a youngster in an alternate special education program in cooperation with the child's family and appropriate State or local agency responsible for the child's care. The State Department of Education may authorize the reimbursement of the cost of the education program up to the amount equivalent to the cost of the school program he would have attended while living at home. The local education agency and the State Department of Education shall seek the support of other local and State agencies to provide any additional funds for the placement."

1. Name of Child_____ Age_____ County_____

2. Person Responsible for Child's Support:

Parent_____ Legal Guardian_____ Other_____

Admission, Review and Dismissal (ARD) Data (Indicate other agency participant(s))

Date of Review:_____ Date of Approval:_____

Chairperson:_____ Position:_____

Other Members:_____ Position:_____

_____ Position:_____

_____ Position:_____

_____ Position:_____

I hereby certify that the foregoing education achievement profile was approved by the above mentioned ARD Committee and that the following nonpublic educational placement is necessary to meet the child's special education needs because of the condition of his/her home circumstances:

_____ Name of School

Signed:_____
Chairperson, ARD Committee

Date:_____

Cost of the education program child would have attended while living at home.$_____

Because of the conditions in my child's home circumstances, I am requesting with the assent of local education agency the placement of my child in an alternate special education program. I understand that the local education agency is providing the MSDE with verified evidence as to the existence of circumstances which necessitate such a restrictive educational placement. I further understand that the MSDE may authorize the reimbursement of the cost of the education program up to the amount equivalent to the cost of the school program he would have attended while living at home. I am to assume all other costs for the placement if I cannot obtain financial support from other local and state agencies.

_____
Signature of Parent, Guardian, or Surrogate

Explanation: The directions for completing this form are self-explanatory. The amount of reimbursement that may be approved shall not exceed the average per pupil expenditure of the local education agency for a child attending the appropriate special education level of service provided by the school system.

Attachment 5: Application Review Checklist

ATTACHMENT 5

APPLICATION REVIEW CHECKLIST

Check all items completed in the Tuition Assistance Program Application

Pupil's Name: _____ LEA MSDE

TUITION ASSISTANCE PROGRAM APPLICATION

Section A - Pupil Data	____	____
Section B - Services	____	____
Section C - Present Levels of Performance	____	____
Section D - Strengths/Needs/Achievements	____	____
Academic Achievements	____	____
Section E - Individual Education Program	____	____
Section F - Previous Placement Summary	____	____
Placement Options Considered	____	____
ATTACHMENTS:		
Attachment 1 - Program Cost Sheet	____	____
Attachment 1a- Contribution Cost Summary	____	____
Attachment 2 - Individualized Residential Treatment Plan		
Section I: Present Levels of Performance	____	____
Section II: Program Goals and Objectives	____	____
Section III: Least Restrictive Opportunity Plan	____	____
Attachment 3 - A. Admission, Review and Dismissal (ARD) Data	____	____
B. Local Education Agency	____	____
Attachment 3a- C. Appropriate Community Agency	____	____
D. State-operated Institution	____	____
Attachment 3b- E.1. Parent, Guardian or Surrogate	____	____
E.2. " " "		
F. Medical Services Assistance (Optional)	____	____
G. Medical Services Assistance (Verification)	____	____
Attachment 4 - Application for Approval of Placement in an Alternate Special Education Program	____	____

Explanation: This attachment is designed to be a technical review worksheet for both local and State education agencies.

V.
DECISION ANNOUNCEMENTS

The Maryland State Department of Education recognizes three categories of placement decision: A) approval, B) disapproval, and C) approval of an alternate nonpublic school.

The approval of a nonpublic school placement recommendation may occur after the child's application for tuition assistance has been reviewed by the Department and the child's need for the specific program is verified. Approval constitutes a concurrence with the local education agency in the matters relating to the child's diagnosis, special education services, placement and program costs.

The disapproval of a nonpublic placement recommendation is rendered after the Department has carefully reviewed and evaluated the child's tuition assistance application. The decision to deny enrollment in a specific school reflects the Department's disagreement with one or three factors: A) the child's diagnosis, B) his/her need for certain special education or related services, and/or C) the claim that the local education agency does not operate an appropriate and less restrictive program.

In some instances, the Department will deny the enrollment of a child into the recommended nonpublic program but offer an alternate private placement. The reason for this procedure is usually that the Department identifies a less restrictive program for the child.

Regardless of the decision, the Department communicates directly with the local education agency and the child's parents or guardians. In the instance of a denial or the offering of a nonpublic placement, specific reasons for the action are offered.

VI.
LEGAL REFERENCES

This manual and the procedures that have been developed for the review and approval of nonpublic school placements are designed in conformance with State and federal laws as well as appropriate bylaws and regulations. Listed below are the various legal references which have an effect on the nonpublic school tuition assistance program.

State Laws:

Bylaw 13.04.01, Programs for Handicapped Children, Code of Bylaws, State Board of Education

Education Article, Section 8-409, Annotated Code of Maryland

Maryland Association for Retarded Children, et al. vs. State of Maryland, et al., Equity No. 100/182/77676, Amended Decree, May 3, 1974

Federal Laws and Regulations:

P.L. 94-142, Education of Handicapped Children, Part B

P.L. 93-112, Section 504 of the Rehabilitation Act of 1973

VII.
CONCLUSION

In this manual we have attempted to cover all aspects of the placement of handicapped children in nonpublic schools. If you cannot find answers to specific questions here, contact the Division of Special Education, Maryland State Department of Education.

APPENDIX

TUITION ASSISTANCE PROGRAM APPLICATION AND ATTACHMENTS

TUITION ASSISTANCE PROGRAM APPLICATION

MARYLAND STATE DEPARTMENT OF EDUCATION
P. O. Box 8717 - BWI Airport
Baltimore, Maryland 21240

INDIVIDUAL EDUCATION PROGRAM
Section B - SERVICES

Col. 1 Services		Col. 2 Service Provider	Col. 3 Pupil/Tchr. Ratio	Col. 4 Hrs./Wk.	Col. 5 Coded Evaluation References
Teacher (Primary)					
Teacher (Sub. Area)					
Physical Educ.					
Orient. & Mobility					
Music					
Skills/Home Econ.					
Ind.Arts/Voc. Ed.					
Occu. Therapy					
Psychological Svcs					
Social Work					
Speech Therapy					
Physical Therapy					
Audiology					
Guidance					
Voc. Rehab.					
Recreation					
Residential					
Trans. (on camp)					
Medical					
Public School Participation					

Service Provider Code

1. Certified Elem. Teacher
2. Certified Second. Teacher
3. Certified Spec. Educ. Teacher
4. O & M Instructor
5. Distributive Educ. Teacher
6. Industrial Arts Teacher
7. Licensed Physical Therapist
8. Certified Occup. Therapist
9. Certified Psychologist
10. Social Worker - ACSW
11. Speech Therapist
12. Audiologist
13. Certified Guidance Counselor
14. Child Care Worker
15. State Licensed Medical Doctor
16. Other (Specify)

Pupil Teacher Ratio Code

B. 1:4
C. 1:6
D. 1:7 A - with an
E. 1:9 Aide
F. 1:10
G. 1:13
H. 1:15

Race Code

1. American Indian or Alaskan Native
2. Asian
3. Black/Negro
4. White
5. Hispanic

Section A - PUPIL DATA

Name _____ Date Submitted _____

County of Residence _____ DOB _____
Federal Census Code _____ Age _____
Race Code _____ Sex _____
School Placement Requested _____ New _____ Renewal _____ Day _____ Res. _____
Enrollment Date _____ to _____
Legal Responsibility: (circle)

Parent, Guardian, Surrogate

Name _____
Address _____
_____ zip code
Telephone _____
(Home) (Work)

LEA Representative _____

Telephone Number

Federal Census Code

01 Mentally Retarded-Intellectually Limited
02 Hard of Hearing
03 Deaf
04 Speech and Language Impaired
05 Visually Handicapped
06 Emotionally Impaired
07 Orthopedically Impaired
08 Other Health Impaired
09 Specific Learning Disabilities
10 Multi-Handicapped
12 Deaf/Blind

NOTES: (MSDE USE ONLY)

INDIVIDUAL EDUCATION PROGRAM
Section C - PRESENT LEVELS OF PERFORMANCE

NAME _____
Last First

(Test Information and/or Observational Data)

Name of test(s)	Date Administered	Summary of Results	Name of Examiner, Qualification, Affiliation
Example: WISC-R	5/76	V.__P.__F.S.__Strengths, Weaknesses, Possible Recommendations	Jane Doe, Certified School Psychologist Name of County
1.			
2.			
3.			
4.			
5.			
6.			

(If additional tests were used, please attach summary.)

Section D - STRENGTHS/NEEDS/ACHIEVEMENTS
(Based on Assessments)

Strengths	Needs

Academic Achievement - Reading Grade Level_____ Arithmetic Grade Level_____ Language Skills - Age Level_____

Motor Skills Age Level_____

Section E - INDIVIDUAL EDUCATION PROGRAM
(Goals/Objectives)

1. A Statement of Annual Goals Including Short-Term Objective	2. Criteria for Mastery	3. Teaching Strategies and/or Techniques	4. Services Needed to Accomplish Goal	5. Duration of Services	
				Start	End

My signature verifies involvement in the development and my approval of my child's Individual Education Program.

Date _____ Parent/Guardian Signature _____

Section F - PREVIOUS PLACEMENT SUMMARY
(Include services attempted and frequency)

Date(s)*	Placement	Services and Frequency (hr./wk.)	Reason for Termination
(example) 2/73-6/73	Furnace Elem. Self Cont.	Instruction (30/wk.) Phy. Ed. (1.50 wk.) Speech (2/wk.) Counseling (1/wk)	Age no longer appropriate
1.			
2.			
3.			
4.			

*Begin with most recent placement.

Placement Options Considered (Cite specific program)

Placement Considered	Reason(s) for rejections
1.	
2.	
3.	
4.	

SEE INSTRUCTIONS ON THE BACK

ATTACHMENT 1

PROGRAM COST SHEET

I. Child's Name: _____ Student Enrollment Date: _____
Age: _____ Handicap Code: 01,02,03,04,05,06,07,08,09,10,11,12

II. Nonpublic School: Name: _____ Contact Person: _____
Address: _____ Phone: _____
Program: Day/Residential Length of School Year: 09,10,11,12 mos.
School Opening Date: _____ School Closing Date: _____
Total No. of days from opening to closing date _____ days

III. The following services are requested in order that the above-named child might achieve the objectives specified on the educational profile portion of the IEP.

	(1) Services Requested	(2) Available in LEA	(3) Nonpublic Costs	TOTAL
Educational Services				
Classroom Instruction	_____	_____	_____	
Physical Education	_____	_____	_____	
Educational Diagnosis	_____	_____	_____	
Vocational Education	_____	_____	_____	
Language Development	_____	_____	_____	
EDUCATION SUBTOTAL . . . . . (a)				
Related Services				
Occupational Therapy	_____	_____	_____	
Physical Therapy	_____	_____	_____	
Speech Therapy	_____	_____	_____	
Psychological Services	_____	_____	_____	
Guidance Couns. (Social Case Work)	_____	_____	_____	
Audiology	_____	_____	_____	
THERAPIES SUBTOTAL . . . . . (b)				_____
On-Campus Transportation	_____	_____	_____	
Indirect Service Related to School Program	_____	_____	_____	
Room	_____	_____	_____	
Food Service (Preparation Only)	_____	_____	_____	
SUBTOTAL FOR ROOM, FOOD, ETC. . . . .(c)				_____
TOTAL COST OF PART III (a + b + c) . . .$				_____

IV. Noneducational Costs

A. Medical Costs:
- Psychiatric _____
- Basic Medical _____
- Other Medical _____

MEDICAL SUBTOTAL . . . . . (d) _____

B. Other:
- Food (Raw Food Cost Only) _____
- Miscellaneous _____

OTHER SUBTOTAL . . . . . (e) _____

TOTAL COST OF PART IV (d + e). . . . . _____

TOTAL NONPUBLIC PROGRAM COST (III + IV)$ _____

V. Contributors to the total cost program: LEA, MSDE, DHMH, DSS, DJS, Insurance, Military, Family, Scholarship, Other _____

VI. I HEREBY CERTIFY THE ABOVE SPECIAL EDUCATION SERVICES WILL BE PROVIDED THE ABOVE-NAMED CHILD AT THE COST INDICATED IN PARTS III AND IV ABOVE.

SIGNED: _____ DATE _____
Director, Nonpublic School

INSTRUCTIONS:

PART I - Print Student's Last Name First
Date of Enrollment
Age as of Last Birth Date
Handicapping Code for Federal Census: (Circle Only One Primary Code)

01 - Mentally Retarded (Intellectually Limited)	07 - Orthopedically Impaired
02 - Hard of Hearing	08 - Other Health Impairments
03 - Deaf	09 - Specific Learning Disabilities
04 - Speech and Language Impaired	10 - Multi-Handicapped
05 - Visually Handicapped	11 - Child In Need of Assessment
06 - Emotionally Impaired	12 - Deaf/Blind

PART II - School's Name, Address, Person Responsible to complete this Form together with Telephone Number

Circle One (Day or Residential Program)
Circle One (9,10, 11 or 12 Month Program)
First Day of the Opening of the School
Last Day of School
Total Number of School Days from Opening to Closing Date

PART III and IV - ATTACHMENT I — DEFINITIONS/EXPLANATIONS

Educational Services	Self-Explanatory
Therapeutic Treatments	Self-Explanatory
On-Campus Transportation . . .	This charge should not include transportation to and from Student's home. Also, this charge should not be included in indirect services related to school program.
Indirect Services related to School Program	This charge should include the general administrative expenses, plant operation, fixed charges related to educational aspect of the program.
Room	Room charges together with: (1) Administration and Supervision (2) Laundry (Linen) (3) Plant Operations (4) Fixed Charges Related to residential aspect of the program.
Food Service	Preparation that is labor and overhead.
Medical Costs	Self-Explanatory
Other - Food	Self-Explanatory
Other - Miscellaneous	Clothing Allowance, Haircut, Entertainment, Horseback Riding, Hygiene Supplies, Sailing, Uniforms, etc.

PART V - Contributors to the Total Program Cost. Circle One or more than One as appropriate. Consult with the Agency who wants to place a Child into your Program. LEA (Local Education Agency), MSDE (Maryland State Department of Education), DMH(Department of Health & Mental Hygiene), DSS (Department of Social Services), DJS (Department of Juvenile Services), Insurance (Parent's Insurance Company), Child's Family, School Scholarship, Other.

PART VI - Each and every Program Cost Sheet should be signed by a Responsible School Official and should be Dated. In case of any change or revision in the Program Cost Sheet, this change should be reflected on a new Cost Sheet for each and every child placed in the Program.

CONTRIBUTION COST SUMMARY

VI. Contributions to Costs:*

SOURCE	AMOUNT
Education	_____
Social Services	_____
DHMH-MHA	_____
DHMH-JSA	_____
DHMH-MRA	_____
DVR	_____
Insurance	_____
Military	_____
Family	_____
Scholarship	_____
Other: Specify	_____
TOTAL	_____

CHILD'S NAME:_____

LEA_____

*The total of Part VI must equal the Total Nonpublic Program Cost of Part III and IV in Attachment 1.

INDIVIDUALIZED RESIDENTIAL TREATMENT PLAN

Maryland State Bylaw 13.04.01.06E(3)(f) identifies Level VI services as "...appropriate for the student who has been identified through the educational assessment as having a handicap...and who requires 24 hours special education programming and personal care." Accordingly, before approval of a Level VI placement may be made, the need for such service must be verified in specific terms and an individualized residential treatment plan must be developed and submitted as part of the nonpublic tuition assistance application.

SECTION I: Present Levels of Performance (Please be as specific as possible and relate verification to the need for residential placement.)

Name of Test or Other Method Used to Identify Need	Date Administered	Name & Qualifications of Examiner	Summary of Results	Specific Problems or Behaviors Identified
		----------		

SECTION II: Program Goals and Objectives (For the residential portion only)

Statement of Annual Goal(s) Relating to Need(s)	Specific Objective to Achieve Each Goal	Criteria for Mastering Each Objective	Services Needed to Achieve Goals and Objectives	Frequency of Each Service	Duration of Each Service	
					Start	End

Please attach all documents, reports or tests that were utilized by your A.R.D. Committee to develop this Individualized Residential Treatment Plan.

(SEE REVERSE SIDE)

SECTION III: Least Restrictive Opportunity Plan (Please describe the nature and frequency of the child's experiences that are planned with nonhandicapped children as part of his/her placement in the requested residential program.)

Nature of Experience	Frequency	Overall Percentage of Time

If additional space is needed for Section I, II or III, please duplicate the forms and continue as necessary.

Sections I, II and III Completed By: _____ _____ _____

Signature Date Position

A. Admission, Review and Dismissal (ARD) Data (Indicate other agency participant(s)).

Date of Review: _____ Date of Approval: _____

Chairperson: _____ Position: _____

Other Members: _____ Position: _____

_____ Position: _____

_____ Position: _____

_____ Position: _____

I hereby certify that the foregoing education achievement profile was approved by the above mentioned ARD Committee and that the following nonpublic educational placement is necessary to meet his/her special education needs:

A. _____ I hereby certify that a day program placement in an approved nonpublic institution is required to appropriately meet this child's special educational needs.

B. _____ I hereby certify that an approved residential program is required to appropriately meet this child's special educational needs.

Signed: _____
Chairperson, ARD Committee

Date: _____

B. Local Education Agency

I hereby certify to the best of my knowledge that there is no special educational program in this local school system which provides the services specified in the Individual Education Program (Section E of Application) for _____.
(Name of Child)

Date: _____ _____
Signature, LEA Special Education Supervisor/Director

Date: _____ _____
Signature
LEA Superintendent of Schools

C. Appropriate Community Agency

This community agency has reviewed the Individualized Education Program for _____. I hereby certify that this community agency cannot provide the ancillary services needed to support the local school system special education program for the above named child.

Date_____ _____
Signature (Agency Director or Designee)

_____
Agency

Date_____ _____
Signature (Agency Director or Designee)

_____
Agency

D. State-operated Institution Child's Name_____

This is to certify that the program and services available in this institution cannot be provided for the above named child for the following reasons:

1. Space _____

_____

2. Lack of sufficient service _____

_____

3. Inappropriateness of referral _____

_____

4. Other _____

_____

Date _____ _____
Signature

_____
Title

_____
State-operated Institution

E.1. Parent, Guardian or Surrogate

I hereby certify that I have reviewed the request for nonpublic tuition assistance including all attachments and related documents as prepared by the local school system, and hereby agree to its submission to the Maryland State Department of Education.

Date: _____ _____
Signature

_____
Relationship to Child

E.2. In the event the requested placement is denied, I hereby grant permission to the Maryland State Department of Education to forward the application for tuition assistance and supporting documentation to alternate nonpublic placements at the discretion of the Maryland State Department of Education. I understand that I will be notified by mail of all nonpublic schools with which these records have been shared.

Date: _____ _____
Signature

_____
Relationship to Child

F. Medical Services Assistance (Optional)

To the extent of my eligibility, I hereby request the Maryland State Department of Education to assist me in securing financial aid for medical services through the Department of Health and Mental Hygiene.

Date: _____ _____
Signature

_____
Relationship to Child

G. Medical Services Assistance (Verification)

I hereby certify that I have reviewed the request including the records for medical services as part of _____ and hereby concur with the description of the child's needs and the medical services requested.

Date: _____ _____
Signature

ATTACHMENT 4
APPENDIX 1K

APPLICATION FOR APPROVAL OF PLACEMENT IN AN ALTERNATE SPECIAL EDUCATION PROGRAM

Completion of this form is only required to meet the provision of 13.04.01.06F(2)(e) and is in lieu of Attachment 2 of the Tuition Assistance Program Application.

13.04.01.06F (2)(e)

"When it has been determined by the local ARD Committee and the State Department of Education on the basis of verified evidence that a child should not attend the appropriate local public school system special education program because of the condition of the child's home circumstances, the State Department of Education may upon the request of the responsible local education agency approve the placement of a youngster in an alternate special education program in cooperation with the child's family and appropriate State or local agency responsible for the child's care. The State Department of Education may authorize the reimbursement of the cost of the education program up to the amount equivalent to the cost of the school program he would have attended while living at home. The local education agency and the State Department of Education shall seek the support of other local and State agencies to provide any additional funds for the placement."

1. Name of Child_____ Age_____ County_____

2. Person Responsible for Child's Support:

Parent_____ Legal Guardian_____ Other_____

Admission, Review and Dismissal (ARD) Data (Indicate other agency participant(s))

Date of Review:_____ Date of Approval:_____

Chairperson:_____ Position:_____

Other Members:_____ Position:_____

_____ Position:_____

_____ Position:_____

_____ Position:_____

I hereby certify that the foregoing education achievement profile was approved by the above mentioned ARD Committee and that the following nonpublic educational placement is necessary to meet the child's special education needs because of the condition of his/her home circumstances:

_____ Name of School

Signed:_____
Chairperson, ARD Committee

Date:_____

Cost of the education program child would have attended while living at home.$_____

Because of the conditions in my child's home circumstances, I am requesting with the assent of local education agency the placement of my child in an alternate special education program. I understand that the local education agency is providing the MSDE with verified evidence as to the existence of circumstances which necessitate such a restrictive educational placement. I further understand that the MSDE may authorize the reimbursement of the cost of the education program up to the amount equivalent to the cost of the school program he would have attended while living at home. I am to assume all other costs for the placement if I cannot obtain financial support from other local and state agencies.

_____
Signature of Parent, Guardian, or Surrogate

APPLICATION REVIEW CHECKLIST

Check all items completed in the Tuition Assistance Program Application

Pupil's Name: _____	LEA	MSDE
TUITION ASSISTANCE PROGRAM APPLICATION		
Section A - Pupil Data	____	____
Section B - Services	____	____
Section C - Present Levels of Performance	____	____
Section D - Strengths/Needs/Achievements	____	____
Academic Achievements	____	____
Section E - Individual Education Program	____	____
Section F - Previous Placement Summary	____	____
Placement Options Considered	____	____
ATTACHMENTS:		
Attachment 1 - Program Cost Sheet	____	____
Attachment 1a- Contribution Cost Summary	____	____
Attachment 2 - Individualized Residential Treatment Plan		
Section I: Present Levels of Performance	____	____
Section II: Program Goals and Objectives	____	____
Section III: Least Restrictive Opportunity Plan	____	____
Attachment 3 - A. Admission, Review and Dismissal (ARD) Data	____	____
B. Local Education Agency	____	____
Attachment 3a- C. Appropriate Community Agency	____	____
D. State-operated Institution	____	____
Attachment 3b- E.1. Parent, Guardian or Surrogate	____	____
E.2. " " "		
F. Medical Services Assistance (Optional)	____	____
G. Medical Services Assistance (Verification)	____	____
Attachment 4 - Application for Approval of Placement in an Alternate Special Education Program	____	____